EIPP COMPREHENSIVE HEALTH ASSESSMENT (CHA): Postpartum

Date:	ID Number:		Indicat	e CHA (ci	rcle one):	Initial (if no	ot already	done prena	ital) 2 Mo	onth 4 M	1onth 6 n	month	8 Mon	ıth 12 N	/lonth
Last Name:			First Name	:				DOB:		Age:				heck he	
Street Address:				City	y:		State:	: <u>MA</u> 2	Zip Code:	·			1	ere are i anges to	
Mailing Address:				City	/ :		State:	MA Z	'ip Code:					street ar nailing	ıd
Phone Number:				Alte	ernate Con	tact:							ad	ldresses	
OB/GYN Name:		OB	/GYN Phone	e Number	:	Prena	atal Care	Began (circ	cle on e):	1 st 2 nd	3 rd	# Prer	natal V	/isits: _	
OVERALL LEVEL	OF STRENGTH:														
	USE CLINIC	AL JUDGE	MENT BASE	D ON AS	SESSMEN	T OF INDIC	CATORS	AND COPIN	NG STRAT	regies i	USED				
Overall Level of Strength	0 (Unable to Assess)		1 (lo	w)			2 (mo	oderate)				3 (hi	igh)		
PROBLEM LIST:															
	Problem		Date Ider	ntified			Ad	ctions Take	n			\Box	Date	Resolv	/ed
				-								+			
												士			
INFANT & POSTPA	ARTUM INFORM/	ATION													
Baby's First Name:		Baby's Last	Name:		Bat	oy's DOB: _		Baby's Bir	rth weight:		Baby's	s Genc	der (circ	cle one):	M/F
Type of Delivery:		Cc	mplications?	}											
Pediatrician's Name: _				Pedia	trician's Ph	one Number	:								
Immunizations Hep B:	1 2	3 Dtap	: 1	2 3	Hib:	1	2 3	IPV	1	2	3 PC	:V7	1	2	3
HOUSEHOLD CON	IPOSITION:														
		# weeks	s Due	Plan	to				Living in						

Name	Gender	# weeks Pregnant	Due Date	Plan to BF?	Age	DOB	Relation	Living in Home?	English?	Concerns
	F						Self	Yes		

		Level of	Strength	
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)
1a: Housing	Unable to Assess	 Repeated Hx /current homelessness At risk of eviction No working phone 	Hx/at risk of homelessness Owes back rent, fuel & utilities Phone recently disconnected	 Hx of maintaining stable housing Fuel/Utilities on, paid, & functioning long term Working telephone available
1b: Health	Unable to Assess	No health insurance No access to medical or dental care	Healthy Start or Free Care At risk of losing health insurance Some barriers to accessing medical and/or dental care	 MassHealth or private insurance Receives medical home with regular care Receives regular dental care
1c: Education	Unable to Assess	 Less than 10th grade education Unable to set educational or career goals 	High school diploma or GED Sets and pursues short term educational and career goals	 College or advanced degree Sets and pursues long tem educational and career goals
1d: Economics	Unable to Assess	 No or minimal income FOB not contributing financially Loss of job/school due to pregnancy No child care available No transportation Unable to prioritize or budget 	 Unable to meet all basic financial needs FOB inconsistently contributes financially Job/school threatened by pregnancy Sporadic child care available Sporadic transportation available Needs assistance budget/prioritizing 	 Adequate income for living expenses FOB contributes financially Job/school accommodating pregnancy Adequate child care available Reliable transportation available Able to budget and prioritize
1e: Community Support	Unable to Assess	 No culturally & linguistically appropriate information about community resources and services available Overwhelmed and immobilized Unable to access services No social supports and isolated 	Limited culturally & linguistically appropriate information about community resources and services available Hx of difficulty in accessing services Limited friends and family in area are supportive/ helpful when needed NT OF INDICATORS AND COPING STRATEGIE	 Has culturally & linguistically appropriate information about community resources and services available Hx of success in accessing services Friends and family in area are supportive and helpful when needed
Overall Access and Utilization of Care Level of Strength	Unable to Assess	1 (low)	2 (moderate)	3 (high)

		KAA#2: W	omen's Health				
	Level of Strength						
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)			
		No knowledge of BCM	 Verbalizes BCM options 	 Success with BCM 			
2a: Family	Unable to Assess	 Never used/no plan for BCM 	 Used BCM in past 				
Planning		 Unplanned pregnancy 	 Unplanned pregnancy 	 Planned pregnancy 			
		 Recent STI 	Hx of STI	 No Hx of STIs 			
		 Unable to negotiate BCM w/ partner 	 Conflict with partner on BCM use 	 Partner supportive of BCM 			
		 Never practices safer sex 	 Usually practices safer sex 	 Practices safer sex 			
2b: STI's/HIV	Unable to Assess	 High risk for STI 	 Moderate risk for STI 	 Low risk for STIs 			
		 Inadequate PNC 	 Adequate PNC 	 Adequate PNC 			
2c: Reproductive	Unable to Assess	 No PP appointment 	 PP appt scheduled 	 Keeps PP appointments 			
Health		 No knowledge of normal maternal 	 Some knowledge of normal maternal 	 Knowledgeable of normal maternal 			
		physical changes in 1st year of	physical changes in first year of	physical changes in first year of			
		parenthood	parenthood	parenthood			
		,	·				

2d: Other Women's Health Concerns	Unable to Assess	No knowledge of health concerns PCP not identified Inadequate Hx of physical exam with screenings	Some knowledge of health concerns Identifies PCP Irregular Hx of physical exams with screenings ENT OF INDICATORS AND COPING STRATEGIE	Understands health concerns Identifies PCP Annual physical exam with screenings-knows results
Overell Wemen's		LINICAL JUDGEMENT BASED ON ASSESSIVE	ENT OF INDICATORS AND COFING STRATEGIE	13 03ED
Overall Women's Health Level of Strength	Unable to Assess	1 (low)	2 (moderate)	3 (high)
Additional Commen	ts:			

		KAA#3: 0	Oral Health	
		Level of	Strength	
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)
3a: Mom's Oral Health	Unable to Assess	 Never received dental care No cleaning during pregnancy Irregular brushing Does not use floss No Fluoride 	 Irregular dental care No cleaning during pregnancy Brushes daily Irregular floss Occasional fluoride in diet 	 Regular dental care Cleaning during pregnancy Brushes at least 2x day Flosses 1x a day Fluoride in diet
3b: Baby (Newborn to 6 months) oral health	Unable to Assess	 Bottle propping observed Gums are not cleaned No fluoride in diet Verbalizes lack of knowledge of role of fluoride and strong teeth 	 May bottle prop occasionally Gums cleaned irregularly Occasional fluoride in diet Verbalizes some knowledge of role of fluoride in making strong teeth. 	 No bottle propping Gums are cleaned daily Fluoride in diet Verbalizes role of fluoride in making strong teeth
3c: Baby (6-12 months) oral health	Unable to Assess	 Gums and teeth are not cleaned Sippee cup not introduced at 6 mth Baby walking around with bottle No knowledge of bottle weaning at 12-14 months 	 Gums and teeth cleaned irregularly Sippee cup introduced after 6 mths Baby walk with bottle occasionally Some knowledge of benefits of bottle weaning at 12-14 months 	 Cleans baby's gums or teeth daily Sippee cup introduced at six months Baby does not walk with bottle Verbalizes benefits of bottle weaning at 12-14 months
	USE C	CLINICAL JUDGEMENT BASED ON ASSESSME	NT OF INDICATORS AND COPING STRATEGIE	S USED
Overall Oral Health Level of Strength	Unable to Assess	1 (low)	2 (moderate)	3 (high)
Additional Commen	ts:			
		KAA#4:	Nutrition	
			Strength	
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)
4a: Maternal Nutrition and Weight Gain	Unable to Assess	BMI Lacks food representing most of the food groups for meeting families needs Major barriers to securing, preparing, and/or feeding infant healthy foods	 BMI May lack food representing some of the food groups for meeting families needs Some barriers to securing, preparing, and/or feeding infant healthy foods 	 BMI Adequate food representing all food groups for meeting families needs No barriers to securing, preparing, and/or feeding infant healthy foods
4b: Infant Nutrition and fluid intake	Unable to Assess	 Major concerns for infant weight loss/gain Inadequate response to feeding cues Infant brought to ER or Pedi for dehydration Does not show proper preparation or storage of breastmilk or formula No knowledge of impact of infant growth spurts on feeding and sleeping patterns 	 Some concerns for infant weight loss/gain Inconsistent response to feeding cues Willing to learn S+Sof dehydration and # of wet diapers Some knowledge of how to store breastmilk or formula Some knowledge of impact of infant growth spurts on feeding/ sleeping 	 Adequate infant weight gain (4-6 oz/wk) Adequately responds to feeding cues Knows proper hydration (4-8 wet diapers/day) Knows proper preparation and storage of breastmilk or formula Knowledge of impact of infant growth spurts on feeding and sleeping patterns

	USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED					
Overall Nutrition						
Level of Strength	Unable to Assess	1 (low)	2 (moderate)	3 (high)		
Additional Comment	dditional Comments:					

		Level	of Strength	
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)
5a: Breastfeeding	Unable to Assess	Barriers to accessing social or cultural support for breastfeeding Lack of knowledge of breast care	Some barriers to accessing social or cultural supports for breastfeeding Some knowledge of breast care	No Barriers to accessing social or cultural supports for breastfeeding (LaLeche) Knowledge of breast care and S+S of infection
Overall	USE (LINICAL JUDGEMENT BASED ON ASSESSM	ENT OF INDICATORS AND COPING STRATEGIE	:9 09ED
Breastfeeding Level of Strength	Unable to Assess	1 (low)	2 (moderate)	3 (high)

		KAA#6: Phy	sical Activity	
		Level of	f Strength	
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)
6a: Maternal Physical Activity	Unable to Assess	 Lack of knowledge of importance of physical activity for self/ family. Lack of knowledge of interrelationship between diet and physical activity. No regular physical activity, physician approves activity. Watches television more than 2 hours a day. No help for physical condition Has not lost pregnancy weight 	 Some knowledge of importance of physical activity for self/family. Some knowledge of interrelationship between diet and physical activity. Sporadic physical activity upon physician approval. Watches television about 2 hours a day Some help for physical condition Lost 50% of pregnancy weight 	 Knowledge of importance of physical activity for self/family. Knowledge of interrelationship between diet and physical activity. Participates in regular physical activity upon physician approval. Watches television less than 2 hours a day. Adequate help for physical condition Has lost pregnancy weight
6b: Baby Physical Activity	Unable to Assess	 Does not create safe environment and does not encourage activities which facilitate the development of childhood motor skills Lacks knowledge of role of physical activity in facilitating healthy weight, growth and development 	 Working to create safe environment and encourages activities which facilitate the development of childhood motor skills Some knowledge of role of physical activity in facilitating healthy weight, growth and development 	 Creates safe environment and encourages activities which facilitate the development of childhood motor skills Understands role of physical activity in facilitating healthy weight, growth and development
	USE C	CLINICAL JUDGEMENT BASED ON ASSESSME	NT OF INDICATORS AND COPING STRATEGIE	S USED
Overall Physical Activity Level of Strength	Unable to Assess	1 (low)	2 (moderate)	3 (high)
Additional Commen	ts:			

			e and Perceptual Strength	
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)
7a: Cognitive and Perceptual	Unable to Assess	 Limited cognitive and perceptual abilities; difficulty understanding and using new information. Unable to verbalize methods of learning that are most effective for her. Verbalizes/demonstrates no confidence in problem solving abilities; unable to describe rationale behind decisions made 	 May have limited cognitive and perceptual abilities; able to understand and use new information. Verbalizes some methods of learning that are most effective for her. Verbalizes/demonstrates some confidence in problem solving abilities; able to describe rationale behind decisions made. 	 Adequate cognitive and perceptual abilities; able to understand and use new information. Verbalizes methods of learning that are most effective for her. Verbalizes/demonstrates confidence in problem solving abilities/able to describe rationale behind decisions made.
	USE (LINICAL JUDGEMENT BASED ON ASSESSME	NT OF INDICATORS AND COPING STRATEGIE	S USED
Overall Cognitive and Perceptual Level of Strength	Unable to Assess	1 (low)	2 (moderate)	3 (high)

		KAA#8: Environmer	ntal Health and Safety	
		Level of	Strength	
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)
8a: Lead Poisoning	Unable to Assess	 Lead in environment Denies dangers of lead poisoning and precautions not taken Unable or unwilling to access annual lead testing of children 	 Concern for lead in environment Verbalizes some of the dangers of lead poisoning and some precautions are taken Some barriers or has not accessed annual lead testing of children 	 Lead free environment Verbalizes the dangers of lead poisoning and precautions are taken Knows need for annual lead testing of children to the age of four.
8b: Asthma	Unable to Assess	Asthmatic child present in home and asthma not controlled Unable to verbalize triggers of asthma including molds, pet dander, dust mites, second hand smoke, and cockroaches Precautions not taken	Asthmatic child present in home and asthma somewhat controlled Verbalizes some of the triggers of asthma including molds, pet dander, dust mites, second hand smoke, and cockroaches Some precautions taken	 No asthmatic child present in home or present with asthma in control Verbalizes the triggers of asthma including molds, pet dander, dust mites, second hand smoke, and cockroaches Precautions are taken
8c: Injury Prevention	Unable to Assess	 Parent does not know basic First Aid/CPR Emergency numbers not available Does not use seat belt Does not verbalize knowledge of car seat safety and does not plan or cannot obtain approved car seat Does not verbalize knowledge of major childhood injury risks and does not practice prevention Does not verbalize knowledge of common safety hazards in home and does not practice prevention Does not use appropriate handwashing Weapons present and not secured 	 Parent learning basic First Aid/CPR Some emergency numbers available Inconsistent use of seat belt Learning car seat safety and experiences some barriers in obtaining approved car seat Verbalizes some knowledge of major childhood injury risks and inconsistently practices prevention Verbalizes some knowledge of common safety hazards in home and inconsistently practices prevention Inconsistent handwashing Weapons present but secured appropriately 	 Parent knows basic First Aid/CPR Emergency numbers available including poison control Consistent use of seat belt Verbalizes car seat safety and plans to obtain approved car seat Verbalizes knowledge of major childhood injury risks and consistently practices prevention Verbalizes knowledge of common safety hazards in home and consistently practices prevention Consistent, appropriate handwashing Weapons not present
8d: Housing	Unable to Assess	 Major safety concerns with housing exists (i.e. fire, mold, animals) 	 Some safety concerns with housing exist Some concerns for safety of 	 No major safety concerns with housing Neighborhood is safe

		 Neighborhood unsafe No smoke detectors in place or functioning 	neighborhood Some smoke detectors in place and functioning	Smoke detectors are in place and functioning		
8e: Occupational		 Exposed to occupational hazards 	Some knowledge of occupational hazards	 No exposure to occupational hazards 		
Hazards	Unable to Assess	 Precautions not taken 	 Precautions taken inconsistently 	 Precautions taken 		
	USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED					
Overall Environmental Health and Safety Level of Strength	Unable to Assess	1 (low)	2 (moderate)	3 (high)		
Additional Comment	s:					

		KAA#9: Alcohol, Tobac		Other Drugs		
		Level of S	trength			
Screening Tool: 5	i P's Screening Tool and	d Intervention:		A Brief Intervention:		
Did any of your Parents have a problem with alcohol or other drug use? ASK: Screen using the 5 P's						
Do any of your	friends (Peers) have pro	blems with alcohol or other drug use?		ASSESS: Is there a current prob	olem? If so, how severe?	
Does your Par	tner have a problem with	alcohol or drug use?		ADVISE: Recommend abstaining	g from alcohol/ drug use during	
Before you we	re pregnant did you have	a problem with alcohol or drug use? (Past)		pregnancy. Work with patient's re	eaction using Motivational Interviewing	
In the past mor	nth, did you drink any bee	er, wine or liquor, or used other drugs? (Preg	nancy)		rials to patient as needed. Refer to	
	OKED any cigarettes in th		,		or further assessment if necessary.	
		gests further assessment and brief intervent	tion.	MONITOR: Follow-up on use ar		
Indicators	Unable to Assess	3 (high)				
		Positive screen, client use	 Positive screen for Peers, Partners, 		Negative Screen	
9a: A/OD Screen	Unable to Assess	 Use significantly impacts family 		Past- client has no current use		
		functioning or precipitating family crisis		mily use mildly impacts family		
		NA d		ctioning	N. II. C. II.	
		Mother smokes		of smoking	 No Hx of smoking 	
9b: Tobacco	Unable to Assess	 Smoking in home exposure to second hand smoke 	• Sm	okers in home smoke outside of the me	No use in home	
	USE CLI	NICAL JUDGEMENT BASED ON ASSESSMENT	OF INDIC	CATORS AND COPING STRATEGIES	USED	
Overall ATOD	Harble to Acce	4.00-00		O (madamata)	O (httph)	
Level of Strength	Unable to Assess ts:	1 (low)		2 (moderate)	3 (high)	

KAA#10: Violence Level of Strength						
Have you ever felt afraid or unsafe with a boyfriend/partner/husband?	 Educate/support 					
Has a current or former partner ever hit, kicked, choked, or threatened you?	 Thank her for disclosure 					
Has a boyfriend/partner/husband ever tried to control you?	 Articulate concern for safety and well-being 					
Have you ever had any kind of unwanted or forced sexual contact?	 Offer referral/resources 					
Are you feeling at all unsafe in any way in your relationship currently?	Follow-up soon					
Additional Assessment if above questions answered positively:	 Develop safety plan if appropriate, consult with DV 					
If feels unsafe – Can you tell me more about what is making you feel unsafe?	Advocate at SAFELINK 877-785-2020					
If current violence – Has the violence increased or become more severe recently?						
• Will you be safe when he/she comes home today?	Assess child safety – file 51A if needed, consult with					
Do you feel you need immediate intervention?	DSS DV Unit at 617-748-2335					

Indicators	` /		2 (moderate)	3 (high)	
10a: Interpersonal and Family Violence	Unable to Assess	 IPV endangering safety of family Positive screen within one year Current abuse 	 Positive IPV screen > one year ago and no current risk No Hx of IPV with current partner Does not interfere with family functioning 	Negative IPV screen	
10b: Child Abuse and Neglect	Unable to Assess	Children have been or will be placed outside home No communication or contact between one or both parents and child/ren Open conflict between parents Children have witnessed IPV Parents unable to distinguish between discipline and abuse Current DSS involvement	 Children may show some aggression or behavioral issues Parents may have tense relationship but address conflict productively Parents question ability to set limits consistently and provide structure. Hx of abuse but have received professional help. Hx of DSS involvement but resolved 	 Children live with one or both parents in stable family Parents/partners communicate well with each other and with children Children appear happy and well-adjusted Parents confident in setting limits No Hx of abuse/neglect No Hx of DSS involvement 	
	USE CL	INICAL JUDGEMENT BASED ON ASSESSMEI	NT OF INDICATORS AND COPING STRATEGIES	S USED	
Overall Violence Level of Strength Additional Comment	Unable to Assess	1 (low)	2 (moderate)	3 (high)	

KAA#11: Emotional Health Level of Strength **Emotional Health Screening Questions:** Full Screen if >3: Over the last 2 weeks how often have you been bothered by the following problems? 1. Functional impairment: Have these problems made it difficult for you to do your 0=Not at All 1=Several Days 2=More than half the days 3=Nearly every day work, take care of things at home, or get along with other people? Yes No 1. Had little interest or pleasure in doing things? 1 2 Major new life stressors? Yes No 2. Feeling down, depressed or hopeless? 2 Previous Hx of depression emotional health concerns? Yes No 3. Feeling scared or panicky for no reason? Current treatment for depression/MH condition? Yes No TOTAL SCORE If Score > 3, Full Screen Required Thoughts of being better off dead, hurting self or hurting others? Yes No **Indicators Unable to Assess** 1 (low) 2 (moderate) 3 (high) Score > 3 on Emotional Health Screen Score 1-2 on Emotional Health Screen Score 0 on emotional health screen 11a: Psychosocial Unable to Assess Responds positively to Full Screen Some knowledge of PPD or mental health No Knowledge of PPD Some changes in appetite, sleep, energy Knowledge of PPD or activity, but no major impact on ADL issues including Changes in appetite, sleep, energy or No changes in appetite, sleep, energy or post partum activity that impact ADL Hx of depression – treated professionally activity level except as related to normal depression No past hospitalization PP changes Past use of antidepressants Hx of depression or hospitalization No current or past Hx of depression Hx of suicidal ideation--treated No past hospitalizations No Hx/current use of antidepressant Current use of antidepressants professionally Current or Hx of suicide or expression of No Hx/current suicidal ideation or wanting to hurt others expressions of wanting to hurt others Positive response to #3 on Emotional Negative response to #3 on Emotional Negative Response to #3 on Emotional Unable to Assess Health Screen Health Screen 11b: Maternal Health Screen Physical or emotional stress - feeling Some physical or emotional symptoms Stress and Anxiety No physical or emotional symptoms indicating stress indicating stress response overwhelmed Current unhealthy coping mechanism Hx of poor coping strategies but Current healthy coping strategies (drugs, unsafe sex, excessive food, recognizes/sought professional help Avoids unhealthy coping mechanisms tobacco use, uncontrolled (drugs, unsafe sex, excessive food, anger/violence, rage) tobacco, violence) Current trauma or loss Hx/Current trauma/loss-sought No Hx of trauma or loss

professional help

Hx of poor coping in response to

Healthy coping in response to trauma or

loss

Poor coping in response to trauma or

loss

11c: Trauma and

Loss

Unable to Assess

11d: Self Concept/Self	Unable to Assess	Hx/Current abuse (sexual, physical, verbal) not addressed Witnessed violence Poor sense of self/ low self-esteem Negative impact of parenthood on lifestyle	trauma/loss-sought professional help Hx of abuse (sexual, physical, verbal)- professional help sought Witnessed violence-professional help sought Hx of low self-esteem Some negative impact of parenthood on lifestyle but positive impact outweighs	 No Hx of abuse (sexual, physical, verbal) No violence witnessed Positive sense of self Positive impact of parenthood on lifestyle
Perception 11e: Relationships	Unable to Assess	 Feels isolated from people, agencies, services or unable to access help with physical, emotional and social needs Feeling alienated/isolated from partner, family, and/or friends 	 negative impact Identifies people, agencies, services for help with physical, emotional and social needs; not always accessed Relationship with partner, family and/or friends is sometimes strained 	 Identifies people, agencies, services for help with physical, emotional and social needs Communicative, supportive and close relationship with partner, family & friends
	USE CI	LINICAL JUDGEMENT BASED ON ASSESSMEN	IT OF INDICATORS AND COPING STRATEGIES	SUSED
Overall Emotional Health Level of Strength	Unable to Assess	1 (low)	2 (moderate)	3 (high)
Additional Comment	ts:			,

KAA#12: Healthy Parenting									
Level of Strength									
Indicators	Unable to Assess	1 (low)	2 (moderate)	3 (high)					
12a: Parent's Transition to Parenting	Unable to Assess	 Has unrealistic expectations of baby's care needs Unable to make necessary lifestyle changes/ adaptations to meet baby's needs Negative statements about own ability to parent Negative perception of parenting Inadequate nutrition and minimal rest to care for baby Barriers to learning about parenting, child development, nurturing, and bonding 	 Uncertain expectations of baby's care needs Inconsistently makes necessary lifestyle changes/adaptations to meet baby's needs Lacks confidence in ability to parent Some ambivalence of parenting Inconsistent nutrition and sporadic rest to care for baby Some barriers to learning about parenting, child development, nurturing, and bonding 	 Realistic expectations of baby's care needs Able to make necessary lifestyle changes/adaptations to meet baby's needs Positive statements about ability to parent Positive perception of parenting Adequate nutrition and rest to care for baby No barriers to learning more about parenting, child development, nurturing, and bonding 					
12b: Parent-Baby Attachment Unable to Assess Lethargic, withdrawn baby Barriers to accurately interpreting baby's signals and cues		 Early bonding experiences were indistinct Baby inconsistently alert/responsive Difficulty with accurately interpreting baby's signals and cues 	 Early bonding experiences were positive Alert, responsive baby Accurately interprets baby's signals and cues 						
	USE CL	INICAL JUDGEMENT BASED ON ASSESSMEN	IT OF INDICATORS AND COPING STRATEGIE	S USED					
Overall Healthy Parenting Level of Unable to Assess 1 (low) Strength			2 (moderate)	3 (high)					
Additional Comment	Additional Comments:								

KAA#13: Neonatal and Developmental Assessment
Level of Strength

USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED									
Overall Neonatal and									
Developmental Assessment Level of Strength			, ,	ν σ ,					
Tool Used:									

KAA#14: Medical History and Physical Assessment										
Age:	GR:		P:	EDC:	Height:	Weight:		If Indicated:	B/P:	HR:
RR:	Temp:	Allergies:		Current M	edications:	CAD	HTN		Diabetes	
Seizures		Asthma	Urinary	Ane	mia/Coag	Thyroid	l Dx	Osteo	porosis	
Mental Illnes	ss Surgeri	es	Cancers (Breast, O	varian, Co	lon)	Ris	k: Average?		Last CBE	
Last Mammo	ogram	Birth D	efects/Genetic Susceptibi	lity	Diet	BC Plans	s	Any Ri	sk Factors_	
Skin: NP (Ca	ap refill/Temp/	Turgur WNL) Ede	ma lesions erythema pru	ıritus GI :	NP(Adequate Ap	opetite ,Appropriate	wt. Gain) A	norexia Nause	ea Vomitin	g Constipation
GU: NP,	Burning	Frequency	ncont. Painful Color	Clarity						
Postpartum	Postpartum Maternal: C-Section: N/A NP(Healing well) Erythema Drainage Painful Episiotomy: N/A NP(Healing well) Erythema Drainage Painful									e Painful
Breasts: NP Supportive Bras Engorged Erythema Painful Cracked Repro: Lochia: Rubra (1-4), Serosa(5-7), Alba(1-3wks), inc. discharge, Odor, Bleeding (frank red bld) Concerns:										
2 – 12 months Postpartum: Repro: NP, increased or changed discharge, odor Postpartum F/U complete: Contraception Method w/o probs										
Infant Assessment: Weight gain since birth Normal/At-risk AHR: murmurs noted: RR: Temp (if ind): General appearance: WNL Tone: WNL Reflexes: Skin: NP Well Hydrated Cap refill/Temp/Turgur: WNL Umbilicus: N/A NP(Healing well) Erythema Drainage Edema Circumcision: N/A NP(Healing well) Erythema Drainage Edema GI: NP (Adequate appetite, Adequate wt gain) Colicy, Vomiting, Constipation, Jaundice GU: Voiding WNL: Stool WNL: Risk factors for sensorineural hearing impairment?										
0	USE CLINICAL JUDGEMENT BASED ON ASSESSMENT OF INDICATORS AND COPING STRATEGIES USED									
Overall Phy	sıcaı Assess) Strength	sment Level of	Unable to Assess		1 (lo	w)		(moderate)		3 (high)